

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 07/16/15

M/V Crash: 15-08840

Officer: C. Smith #12

Squad #502

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course" may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAG	1	PEDV	TRED	TRFC	WEAT	DRV A	VIS	VEHD	LGH T	COLL	MANY	PPA	PER
U1	U2	U1	U1	U2	U1	U1	U2	U1	U1	U1	U2	99	9

P0113



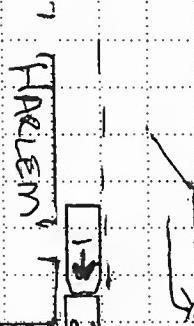
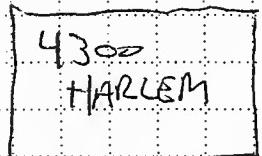
U130291942

INVESTIGATING AGENCY NORRIDGE							DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			<input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED		<input checked="" type="checkbox"/> No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 15 08840			TRFW 4
ADDRESS NO. 4300 block		HIGHWAY or STREET NAME Hanley					City NORRIDGE		Township NORRIDGE		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DATE OF CRASH 7/16/15		TIME 12:17	LARS CODE 7200HLM	VENT 15		
(CIRCLE) FT / M I N E S W		(CIRCLE) CULLOM					COUNTY Cook		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2		LARS CODE 84300CM	U1			
AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)														NO. LANES 1					
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV Smith, Christopher							DATE OF BIRTH			MAKE FORD		MODEL EXPLORE		YEAR 14	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		Y <input type="checkbox"/> N 4		
LAST, FIRST, MI Pikul, Małgorzata Jolanta							SEX F	SAFT 2	AIR 4	PLATE NO. MP10118	STATE IL	YEAR -	POINT OF FIRST CONTACT REAR	FRONT 8 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>	REAR 7 <input type="checkbox"/> 9 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> REAR 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> REAR 1 <input type="checkbox"/>	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR	ALIGN 1		
STREET ADDRESS 4020 Olcott							ZIP 60706	INJURY 0	EJECT 1	VIN 1FM5K8AR7EGA38329		INSURANCE CO. Underwriters Lloyd's London		RSUR 1					
CITY Norridge							STATE IL	ZIP 60706	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST, MI.) Village of Norridge		TELEPHONE Same	POLICY NO. B6A3005403	VEHU 6				
TAKEN TO X							EMS AGENCY X			OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 Olcott Norridge, IL.		TELEPHONE Same	POLICY NO. [REDACTED]	U1					
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV Pikul, Małgorzata Jolanta							DATE OF BIRTH			MAKE HONDA		MODEL ACCORD		YEAR 13	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		Y <input type="checkbox"/> N 2		
LAST, FIRST, MI Ane							SEX F	SAFT 2	AIR 4	PLATE NO. [REDACTED]	STATE IL	YEAR 4/16	POINT OF FIRST CONTACT 5	FRONT 8 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> REAR 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> REAR 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> REAR 1 <input type="checkbox"/>	REAR 7 <input type="checkbox"/> 9 <input type="checkbox"/> 3 <input type="checkbox"/> REAR 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> REAR 1 <input type="checkbox"/>	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR	ROEF 7		
STREET ADDRESS 21 Ave							ZIP [REDACTED]	INJURY 0	EJECT 1	VIN [REDACTED]		INSURANCE CO. Auto Club Int. Assoc. (AAI)		TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	BAC 96			
CITY [REDACTED]							STATE IL	ZIP [REDACTED]	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST, MI.) [REDACTED]		TELEPHONE Same	POLICY NO. [REDACTED]	UP 96				
TAKEN TO X							EMS AGENCY X			OWNER ADDRESS (STREET, CITY, STATE, ZIP) Same		TELEPHONE [REDACTED]	POLICY NO. [REDACTED]	# OCCS 1					
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT)							PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)							(HOSP)	(EMS)	U1			
U1	1	/	/	/	/	/	/	/	/	/	/	/	/	/	U2				
U1	2	/	/	/	/	/	/	/	/	/	/	/	/	/	DIRP 5				
U1	3	/	/	/	/	/	/	/	/	/	/	/	/	/	U2				
U1	1	/	/	/	/	/	/	/	/	/	/	/	/	/	5				
U1	2	/	/	/	/	/	/	/	/	/	/	/	/	/	U2				
U1	3	/	/	/	/	/	/	/	/	/	/	/	/	/	5				
UNIT	(EVNO)	(MOSI)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME					DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
1	1	11	1	1	PROPERTY OWNER ADDRESS					CITY STATE ZIP			PRIMARY 03	30	IF YES CHECK ONE BELOW:				
2	2				ARREST NAME					SECTION	CITATION NO.	SECONDARY		<input type="checkbox"/> CONSTRUCTION					
3	3				ARREST NAME					SECTION	CITATION NO.			<input type="checkbox"/> MAINTENANCE					
1	1	11	1	1	OFFICER ID. 104					BEAT / DIST. Done	SUPERVISOR ID. 405	DATE POLICE NOTIFIED 7/16/15	TIME NOTIFIED 12:17	<input type="checkbox"/> UTILITY					
2	2											COURT DATE ma 1 day / yr	COURT TIME : : AM : : PM	<input type="checkbox"/> UNKNOWN WORK ZONE TYPE					
3	3													WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130291942

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

DIAGRAM
NOT TO
SCALE

CULLOM

NARRATIVE (Refer to vehicle by Unit No.)

At approx. 1217 hrs. on 7/6/15, I was dispatched to the intersection of Harlem/Cullom for the report of a M/V accident involving NPD Unit #502. Upon arrival the vehicles had relocated to the 7200 block of Cullom. Upon interviewing both drivers I learned:

- Unit 1 & 2 S/B Harlem in curb lane - waiting for traffic signal at Cullom.
- S/B Traffic signal changed to green and Unit 2 started to proceed S/B into intersection. Unit 2's driver stopped abruptly in front of Unit 1 who had also proceeded S/B on the green light.

- Unit 1's front bumper struck the rear bumper of Unit 2

LOCAL USE ONLY

- No reported injuries on scene
- minor visible damage to Unit 2's rear bumper, no visible damage to Unit 1.

U1 Color BLACK

U2 Color GRAY

U1 Towed by / to

X

U2 Towed by / to

X

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

- Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
- Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
- Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
- Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
- Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y NMCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0-96" 97-102" >102"TRAILER 1 TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Christopher Smith Star #: 12 Date: July 20, 2015

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination	Late Arrival/Early Quit	
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment	Personal Business While on Duty	
Unsatisfactory Work Performance	Violations of Policy/Procedure	x Motor Vehicle Crash	Missing a Court Date	

Date of Violation: July 6, 2015 Time of Violation: 1217hrs

DESCRIPTION OF VIOLATION:

Officer involved in a "Preventable Property Damage Car Crash" as determined by the Accident Review Board. Accident Review Board classified the crash as a 2a, in that the officer failed to exercise reasonable care. (15-08840) No prior accidents within the last 24 months of this violation.

X

OFFICER'S STATEMENT:

I agree with the above description I disagree with the above description

My reason is: _____

Officer's Signature

12
Star #

7/21/15
Date

ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	7/21/15	CS #12
	Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

Per departmental policy, a second preventable accident within 24 months of the date of this violation, will result in a one day suspension and attendance in a remedial Defensive driving Course.

two CS #12

X I have read and understand this warning: 7/21/15

Officer's Signature / Star #

Supervisor Issuing Warning: 7/21/15

Supervisor's Signature / Star #

Date

Date